# COMBINED DECLARATION AND POWER OF ATTORNEY FOR A PATENT APPLICATION

#### INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### TITLE OF INVENTION

the spe	cifica	ation of which	SPECIFICATION IDENTIFICATION	
;•	· · ·	_ls attached h	ereto.	
	X	_was filed on _	April 2, 2003	
		United States	Application_	
		or PCT Intern	ational Application Number PCT/CU03/00003	,
•		and was ame	0-1-1	
			(if applicable)	

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1,56.

## PRIORITY CLAIM (35 U.S.C. § 119(a)-(d) or (f), or 365(b))

I hereby claim foreign priority benefits under Title 35. United States Code, Section 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Applicat	ion(s)		Priority <u>Clai</u> med	
CU 2002-0071 (Number)	Cuba (Country)	O8.04.2002 (Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Y.es	No

#### POWER OF ATTORNEY

I hereby appoint the Practitioners at Customer No. 000046345 as my patent attorney(s)/agent(s); with full power of substitution and revocation, to prosecute this application identified above, and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Send all correspondence and direct telephone calls to: Customer No. 000046345.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1)	Full Name of Sole/First	Inventor: JESÚS MOLEII	RO MIRABAL		
1-00	Inventor's Signature:	011/02	Date: 26 11 0 4		
	Residence: Plaga	Cipara Habana Cl	10 Cuba		
		(City, State)	(Country)		
	Post Office Address:	Ave. 39 No. 4211 alto	s entre 42444 Playa		
		Qivdod Habana	11400, Cusa		
. ()	Full Name of Additional	Inventor: SILVIA AMPARO	MENÉNDEZ CEPERO		
20	Inventor's Signature:	Deneud	Date: 26 - 11 - 0 4		
	Residence: Playa	Ciudad Habana	Citizenship: Cuba		
		(City, State)	(Country)		
	Post Office Address: Calle. 34 No. 2308 altos entre 23 y 25, Playa				
	-	Ciudad Habana 11 300,	Cuba		

**Document Return Address:** 

Hallisky Law Group 1725 Westlake Avenue, North Suite 150 Seattle, Washington 98109 U.S.A.

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300	Full Name of Additional Inventor:	WILFREDO FELIX DÍAZ RUBÍ				
	Inventor's Signature:	Date: 26-11-04				
	Residence: La Lisa, Ciudad Haba	<u> </u>				
	(City, State)	дсочниу				
	Post Office Address: Calle 160, # 6	715 e/ 67-A y 69, La Lisa				
		bana 13 500				
1 L ()	Full Name of Additional Inventor: LIDIA ASELA FERNÁNDEZ GARCÍA					
T.	Inventor's Signature:	Pate: 26.11-04				
	Residence: Playa, Ciudad Haban	Cuba Cuba				
	(City, State)	(Country)				
	Post Office Address: Calle 176 e/ Ira y 5ta Edif. BBE-3 Apto. 16, Rto. Flores, Plays					
		Ciudad Habana 12 100				

**Document Return Address:** 

Hallisky Law Group 1725 Westlake Avenue, North Suite 150 Seattle, Washington 98109 U.S.A.

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5W	Full Name of Additional Inventor: OSCAR ERNESTO LEDEA LOZA					
	Inventor's Signature:	Ledea	Pate: 36-11-04			
	Residence: Playa	, Ciudad Habana 🤍	Cuba Cuba			
•		(City, State)	(Country)			
	Post Office Address: Calle. 172 entre 1ra y 5ta Edif. BCE-1 Apto 26, Rto Flores, Play					
		Ciudad Habana 12 100				
1D	Full Name of Additional Inventor: WARITZA FELISA DÍAZ GÓMEZ					
	Inventor's Signature:	responsen	Date: 26-11-04			
	Residence: Cerro,	Cludad Habana CUX	Citizenship: <b>Cuba</b>			
	Post Office Address:	(City, State)  Ayuntamiento No. 16	((Country) 1 entre:Manila y Peñón, Cerro			
		Ciudad Habana 12 0	000			

**Document Return Address:** 

Hallisky Law Group 1725 Westlake Avenue, North Suite 150 Seattle, Washington 98109 U.S.A.

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1,10	Full Name of Addition	nal Inventor:	IRENE DE L	AS MERCEDES	LEZCANO LASTRE
1,	Inventor's Signature:	Juzcan	4	Date:	26.11.04
,	Residence: Plaza de la	Revolución, Ci	udad Habana (U	∑ Citizenship:	Cuba
	Post Office Address:	(City, Sta	1 - 1 - 1	106 entre 4 y 6	(Country) , Vedado
			d Habana 10 4		
	Full Name of Additional	Inventor:			
. 3	Inventor's Signature:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Date:	
·	Residence:	(City, Sta	te)	Citizenship:	(Country)
	Post Office Address:				
	Document Return Add Hallisky Law Group 1725 Westlake Avenue Suite 150 Seattle, Washington 98	North			

U.S.A.